

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)**

SERIAL NO. _____

FILING DATE _____

APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2	1		1			
3			2			
4	1		2			
5			2			
6	1		2			
7	1		2			
8	1		2			
9	1		2			
10	1		2			
11	1		2			
12	1		2			
13	1		2			
14	1		2			
15	1		2			
16	1		2			
17	1		2			
18	1		2			
19	1		2			
20	1		2			
21	1		2			
22	1		2			
23	4		2			
24	1		2			
25	1		2			
26	1		2			
27	1		2			
28	(1)		2			
29	1		2			
30	1		2			
31	1		2			
32	1		2			
33	1		2			
34	1		2			
35	1		2			
36	1		2			
37	1		2			
38	1		2			
39	1		2			
40	11		2			
41	1		2			
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	1		2		2	
TOTAL DEP.	45		75		74	
TOTAL CLAIMS	46		77		76	

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS